

<b>UNITED STATES BANKRUPTCY COURT</b> Northern District of Texas		<b>INVOLUNTARY PETITION</b>
IN RE (Name of Debtor – If Individual: Last, First, Middle)  <b>Shale Synergy, LLC</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  <b>15660 North Dallas Parkway, Suite 400 Dallas, TX 75248</b>		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Dallas</b>		ZIP CODE <b>75248</b>
		ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED		
<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>		
<b>Nature of Debts</b> (Check one box.)  Petitioners believe:  <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		<b>Type of Debtor</b> (Form of Organization)  <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)
		<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
<b>VENUE</b>  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<b>FILING FEE (Check one box)</b>  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR</b> (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
<b>ALLEGATIONS</b> (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

- Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Michael Schmitt 4 MAR 2010

Signature of Petitioner or Representative (State title)

Michael Schmitt

Name of Petitioner Date Signed

Name & Mailing Michael Schmitt  
Address of Individual 7 Toliver Lane  
Signing in Representative Stafford, VA 22554  
Capacity

Signature of Attorney Date  
Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100

Telephone No.

x Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner Michael Schmitt	Nature of Claim unsecured	Amount of Claim 25,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

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x B. Maher Signature of Petitioner or Representative (State title) 2/5/10

Thomas J. Maher  
Name of Petitioner

Date Signed

Thomas J. Maher  
2656 29th Street, #202  
Santa Monica, CA 90405

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

S. L. Stein 3/8/10 Signature of Attorney Date

Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
713-333-5100  
Telephone No.

x B. Maher Signature of Petitioner or Representative (State title) 2/5/10

Thomas J. Maher on behalf of Fire Ant, Inc.  
Name of Petitioner

Date Signed

Thomas J. Maher  
2656 29th Street, #202  
Santa Monica, CA 90405

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

S. L. Stein 3/8/10 Signature of Attorney Date

Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100  
Telephone No.

x B. Maher Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

x S. L. Stein 3/8/10 Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Thomas J. Maher	Unsecured	91000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Fire Ant, Inc.	Unsecured	227500.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
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continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

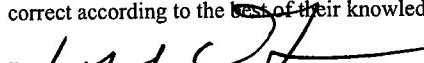
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x   
 Signature of Petitioner or Representative (State title)  
 Joshua J. Ofman on behalf of Joshua & Julie Ofman Family Trust

Name of Petitioner \_\_\_\_\_ Date Signed 3/4/10  
 Name & Mailing \_\_\_\_\_ Joshua J. Ofman  
 Address of Individual 23256 26256 Bluebird Drive \_\_\_\_\_  
 Signing in Representative \_\_\_\_\_  
 Capacity Calabasas, CA 91302 \_\_\_\_\_

x  3/8/10  
 Signature of Attorney \_\_\_\_\_  
 Diamond McCarthy LLP \_\_\_\_\_ Date

Name of Attorney Firm (If any)  
 909 Fannin, Suite 1500, Houston, TX 77010

Address  
 (713) 333-5100

Telephone No. \_\_\_\_\_

x \_\_\_\_\_  
 Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Name & Mailing \_\_\_\_\_  
 Address of Individual \_\_\_\_\_  
 Signing in Representative \_\_\_\_\_  
 Capacity \_\_\_\_\_

x \_\_\_\_\_  
 Signature of Attorney \_\_\_\_\_ Date

Name of Attorney Firm (If any)

Address

Telephone No. \_\_\_\_\_

x \_\_\_\_\_  
 Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Name & Mailing \_\_\_\_\_  
 Address of Individual \_\_\_\_\_  
 Signing in Representative \_\_\_\_\_  
 Capacity \_\_\_\_\_

x \_\_\_\_\_  
 Signature of Attorney \_\_\_\_\_ Date

Name of Attorney Firm (If any)

Address

Telephone No. \_\_\_\_\_

**PETITIONING CREDITORS**

Name and Address of Petitioner Joshua & Julie Ofman Family Trust	Nature of Claim Unsecured	Amount of Claim 100,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

## TRANSFER OF CLAIM

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## REQUEST FOR RELIEF

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

Lenore Asher  
Signature of Petitioner or Representative (State title)  
Lenore Asher on behalf of Norman B. Asher

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	Lenore Asher 35 Crescent Street #717 Waltham, MA 02453

J. H. 3/8/10  
Signature of Attorney  
Diamond McCarthy LLP

Name of Attorney Firm (If any)	Date
909 Fannin, Suite 1500, Houston, TX 77010	

Address
(713) 333-5100

Telephone No.
---------------

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	

X  
Signature of Attorney

Name of Attorney Firm (If any)	Date
--------------------------------	------

Address
---------

Telephone No.
---------------

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	

X  
Signature of Attorney

Name of Attorney Firm (If any)	Date
--------------------------------	------

Address
---------

Telephone No.
---------------

Name and Address of Petitioner	PETITIONING CREDITORS	
Norman B. Asher	Nature of Claim	Amount of Claim
	unsecured	40,000.00

Name and Address of Petitioner	Nature of Claim	Amount of Claim
--------------------------------	-----------------	-----------------

Name and Address of Petitioner	Nature of Claim	Amount of Claim
--------------------------------	-----------------	-----------------

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims
--	-------------------------------------

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No.

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Signature of Petitioner or Representative (State title)

Robert Asher

Name of Petitioner

3/4/10

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Robert Asher

4722 Vista de Oro Ave.  
Woodland Hills, CA 91364

Signature of Attorney

Diamond McCarthy LLP

Name of Attorney Firm (If any)

909 Fannin, Suite 1500, Houston, TX 77010

Date

3/8/10

Address

713-333-5100

Telephone No.

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

<b>PETITIONING CREDITORS</b>		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Robert Asher	unsecured	140000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim

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Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

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*Kathleen A. Costello*

Signature of Petitioner or Representative (State title)  
Kathleen Costello

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Kathleen A. Costello  
160 Keone Kai Road #27-101  
Kohe, HI 96753

*[Signature]* *Ken 3/8/10*  
Signature of Attorney  
Diamond McCarthy LLP

Date

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100

Telephone No.

x

Signature of Petitioner or Representative (State title)

x

Signature of Attorney

Date

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)

x

Signature of Attorney

Date

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Kathleen A. Costello

unsecured

60,000.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

continuation sheets attached

CC:

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

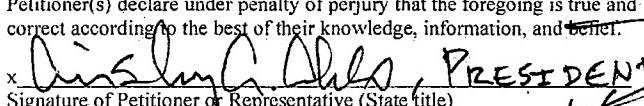
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**REQUEST FOR RELIEF**

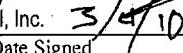
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 **Ainsley A. Ahlo, PRESIDENT**

Signature of Petitioner or Representative (State title)

Ainsley A. Ahlo on behalf of Structural Pest Control, Inc.

 3/4/10

Signature of Attorney  
Diamond McCarthy LLP

Date

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

Ainsley A. Ahlo

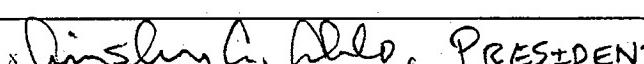
99-1191 Iwaena Street

Aiea, HI 94701

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100

Telephone No.

 **Ainsley A. Ahlo, PRESIDENT**

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Signature of Attorney

Date

Name & Mailing

Address of Individual

Signing in Representative

Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

 Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Signature of Attorney

Date

Name & Mailing

Address of Individual

Signing in Representative

Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Structural Pest Control, Inc.

unsecured

50,000.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

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Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

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x John M. Rickman

Signature of Petitioner or Representative (State title)

John M. Rickman on behalf of Financial Gateway 401K Trust 3/03/2010

Name of Petitioner

Date Signed

Name & Mailing

John M. Rickman

Address of Individual

109 Lamar Street

Signing in Representative

Terrell, TX 75106

Capacity

X  JK 3/8/10  
Signature of Attorney  
Diamond McCarthy LLP

Date

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100

Telephone No.

x  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

\_\_\_\_\_

Address of Individual

\_\_\_\_\_

Signing in Representative

\_\_\_\_\_

Capacity

x  
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

\_\_\_\_\_

Address of Individual

\_\_\_\_\_

Signing in Representative

\_\_\_\_\_

Capacity

x  
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner

Financial Gateway 401K Trust

Nature of Claim

unsecured

Amount of Claim

20,000.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

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Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

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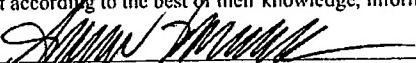
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 Signature of Petitioner or Representative (State title)  
 Drew Fredrick on behalf of Andrew and Lisa Fredrick 3/4/2010

Name of Petitioner Date Signed

Name & Mailing Drew Fredrick  
 Address of Individual 855 Santmyer Drive, SE  
 Signing in Representative Leesburg, VA 20175  
 Capacity

  Shale 3/8/10  
 Signature of Attorney  
 Diamond McCarthy LLP

Date  
 Name of Attorney Firm (If any)  
 909 Fannin, Suite 1500, Houston, TX 77010

Address  
 (713) 333-5100

Telephone No.

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
 Address of Individual  
 Signing in Representative  
 Capacity

Signature of Attorney Date  
 Name of Attorney Firm (If any)

Address

Telephone No.

Signature of Petitioner or Representative (State title)

Signature of Attorney Date  
 Name of Attorney Firm (If any)

Name of Petitioner Date Signed

Name & Mailing  
 Address of Individual  
 Signing in Representative  
 Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner Andrew and Lisa Fredrick	Nature of Claim unsecured	Amount of Claim 150,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

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x 3/5/10 X Lee 3/8/10

Signature of Petitioner or Representative (State title)

Andrew Epstein on behalf of Andrew Epstein and Karla Epstein

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

Andrew Epstein

30 Dunne Ct.

Menlo Park, CA 94025

Signature of Attorney

Diamond McCarthy LLP

Date

Name of Attorney Firm (If any)

909 Fannin, Suite 1500, Houston, TX 77010

Address

(713) 333-5100

Telephone No.

x Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

x Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

x Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Name and Address of Petitioner

**PETITIONING CREDITORS**

Andrew Epstein and Karla Epstein

Nature of Claim

Amount of Claim

Unsecured 50,000.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note:

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**TRANSFER OF CLAIM**

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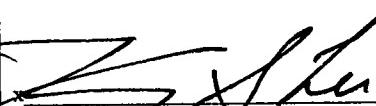
**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Charles D. Graham

Signature of Petitioner or Representative (State title)  
Charles D. Graham on behalf of GCA General Contractor, Inc. DBPP

  3/8/10  
Signature of Attorney  
Diamond McCarthy LLP

Date

Name of Petitioner Date Signed

Name & Mailing Charles D. Graham  
Address of Individual PO Box 1674  
Signing in Representative Kihei, HI 96753  
Capacity

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100

Telephone No.

x  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

x  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

x  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner GCA General Contractor, Inc. DBPP	Nature of Claim unsecured	Amount of Claim 125,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

Gina Schmitt 3/5/10  
Signature of Petitioner or Representative (State title)  
Gina Schmitt on behalf of Equity Trust Company f/b/o Gina Schmitt IRA

Sku 3/8/10  
Signature of Attorney  
Diamond McCarthy LLP Date

Name of Petitioner Date Signed

Name & Mailing Gina Schmitt  
Address of Individual 7 Toliver Lane  
Signing in Representative  
Capacity Stafford, VA 22554

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100

Telephone No.

x  
Signature of Petitioner or Representative (State title)

x  
Signature of Attorney Date

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

x  
Signature of Petitioner or Representative (State title)

x  
Signature of Attorney Date

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner Equity Trust Company f/b/o Gina Schmitt IRA	Nature of Claim unsecured	Amount of Claim 80,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

*Russell E. Fredrick*  
Signature of Petitioner or Representative (State title)  
Russell E. Fredrick  
Name of Petitioner

Date Signed

Name & Mailing Address of Individual  
Signing in Representative Capacity

Russell E. Fredrick  
434 St. Charles Street  
Columbus, WI 53925

*Sher 3/8/10*  
Signature of Attorney Date

Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010Address  
(713) 333-5100

Telephone No.

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing Address of Individual  
Signing in Representative Capacity

Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing Address of Individual  
Signing in Representative Capacity

Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

Name and Address of Petitioner  
Russell E. Fredrick

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Russell E. Fredrick	unsecured	25,000.00

Name and Address of Petitioner

Name and Address of Petitioner	Nature of Claim	Amount of Claim

Name and Address of Petitioner

Name and Address of Petitioner	Nature of Claim	Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

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**REQUEST FOR RELIEF**

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Signature of Petitioner or Representative (State title)  
Michael Hicks on behalf of Hicks Higuchi Corporation 401K Profit Sharing Plan FBO Michael P. Hicks

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing \_\_\_\_\_ Michael P. Hicks, President  
Address of Individual \_\_\_\_\_ Hicks Pension Group  
Signing in Representative \_\_\_\_\_ 1218 Waimanu Street, 2nd Floor  
Capacity \_\_\_\_\_ Honolulu, Hawaii 96814-4304

x Signature of Attorney \_\_\_\_\_ Shl 3/8/11 Date  
Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address \_\_\_\_\_ (713) 333-5100  
Telephone No. \_\_\_\_\_

x Signature of Petitioner or Representative (State title)  
Michael Hicks on behalf of Hicks Higuchi Corporation Defined Benefit Pension Plan

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing \_\_\_\_\_ Michael P. Hicks, President  
Address of Individual \_\_\_\_\_ Hicks Pension Group  
Signing in Representative \_\_\_\_\_ 1218 Waimanu Street, 2nd Floor  
Capacity \_\_\_\_\_ Honolulu, Hawaii 96814-4304

x Signature of Attorney \_\_\_\_\_ Shl 3/8/11 Date  
Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address \_\_\_\_\_ (713) 333-5100  
Telephone No. \_\_\_\_\_

x Signature of Petitioner or Representative (State title)  
Michael Hicks on behalf of Hicks Higuchi Corporation 401K Profit Sharing Plan FBO Michael P. Hicks - Roth

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing \_\_\_\_\_ Michael P. Hicks, President  
Address of Individual \_\_\_\_\_ Hicks Pension Group  
Signing in Representative \_\_\_\_\_ 1218 Waimanu Street, 2nd Floor  
Capacity \_\_\_\_\_ Honolulu, Hawaii 96814-4304

x Signature of Attorney \_\_\_\_\_ Shl 3/8/11 Date  
Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address \_\_\_\_\_ (713) 333-5100  
Telephone No. \_\_\_\_\_

**PETITIONING CREDITORS**

Name and Address of Petitioner Hicks Higuchi Corporation 401K Profit Sharing Plan FBO Michael P. Hicks	Nature of Claim Unsecured	Amount of Claim 375,000.00
Name and Address of Petitioner Hicks Higuchi Corporation Defined Benefit Pension Plan	Nature of Claim Unsecured	Amount of Claim 230,000.00
Name and Address of Petitioner Hicks Higuchi Corporation 401K Profit Sharing Plan FBO Michael P. Hicks - Roth	Nature of Claim Unsecured	Amount of Claim 55,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

**Signature of Petitioner or Representative (State title)**

Michael Hicks on behalf of Hicks Higuchi Corporation 401K Profit Sharing Plan FBO Marie Hicks - Roth

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Michael P. Hicks, President  
Hicks Pension Group  
1218 Waimanu Street, 2nd Floor  
Honolulu, Hawaii 96814-4304

**Signature of Attorney**

Diamond McCarthy LLP

Date

**Name of Attorney Firm (If any)**

909 Fannin, Suite 1500, Houston, TX 77010

**Address**

(713) 333-5100

**Telephone No.****x Signature of Petitioner or Representative (State title)**

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

\_\_\_\_\_

**x Signature of Attorney**

Date

**Name of Attorney Firm (If any)****Address****Telephone No.****x Signature of Petitioner or Representative (State title)**

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

\_\_\_\_\_

**x Signature of Attorney**

Date

**Name of Attorney Firm (If any)****Address****Telephone No.****PETITIONING CREDITORS**

Name and Address of Petitioner Hicks Higuchi Corporation 401K Profit Sharing Plan FBO Marie Hicks - Roth	Nature of Claim Unsecured	Amount of Claim 35,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

## TRANSFER OF CLAIM

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## REQUEST FOR RELIEF

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

W. E. Neustaedter

Signature of Petitioner or Representative (State title)  
William E. Neustaedter

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	William E. Neustaedter 3301 Spanish Trail, Apt A207 Delray Beach, FL 33483-4740
--	---

   
Signature of Petitioner or Representative (State title)

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	
--	--

   
Signature of Petitioner or Representative (State title)

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	
--	--

   
Signature of Attorney  
Diamond McCarthy LLP Date

Name of Attorney Firm (If any) 909 Fannin, Suite 1500, Houston, TX 77010
---

Address (713) 333-5100
---------------------------

Telephone No.
---------------

   
Signature of Attorney Date

Name of Attorney Firm (If any)
--------------------------------

Address
---------

Telephone No.
---------------

   
Signature of Attorney Date

Name of Attorney Firm (If any)
--------------------------------

Address
---------

Telephone No.
---------------

## PETITIONING CREDITORS

Name and Address of Petitioner <u>William E. Neustaedter</u>	Nature of Claim <u>unsecured</u>	Amount of Claim <u>35,000.00</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

continuation sheets attached

Total Amount of Petitioners' Claims
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B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Shale Synergy, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

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**REQUEST FOR RELIEF**

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Ardith Neustaedter

Signature of Petitioner or Representative (State title)  
Ardith Neustaedter

Name of Petitioner

Date Signed

Name &amp; Mailing

Ardith Neustaedter

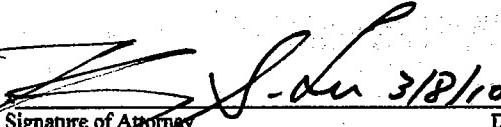
Address of Individual

4740 S. Ocean Boulevard

Signing in Representative

Boca Raton, FL 33487

Capacity


  
Signature of Attorney  
Diamond McCarthy LLP
Date  
3/18/10Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010Address  
(713) 333-5100

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

X  
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

X  
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Ardith Neustaedter

unsecured

75,000.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

continuation sheets attached